Approved/Denied

 Date:

Carbon County Friends of Animals

Feline Adoption Application

PLEASE PRINT CLEARLY

Applicant’s Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOUSEHOLD INFORMATION

What is your living situation? Own home Parent’s Home Rent

If you rent, are pets allowed? Yes No Landlord’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_

(We must contact your landlord before feline is able to leave facility.)

Describe your household environment. Quiet Average Active Noisy

List ages of family members:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone in your household have asthma or allergies to felines? Yes No

What if someone in your household develops allergies to this pet?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to make a lifelong commitment to care for this feline? Yes No

Are you able to provide vet care, proper diet, proper shelter, and grooming for this feline? Yes No

Are you aware that some cats require a period of weeks, even months to adjust to their new home/environment/family/other pets? Are you willing to allow for this adjustment period? Yes No

PET INFORMATION

Have you ever owned a cat before? Yes No

Will this cat be allowed outdoors? Yes No

Please estimate what you think it costs to provide vet care annually for a healthy cat?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan on declawing your cat? Yes No

Adoptions may require a home visit. May we visit your home before an adoption? Yes No

Do you know the laws of ownership such as vaccinations and licensing requirements? Yes No

Tell us how you feel about having your pet spayed or neutered.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you adopt a kitten, will you have it spayed/ neutered before/at 6 months of age? Yes No

Have you ever gave away or surrendered an animal to a shelter or private party? Yes No

If yes, please explain why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you giving this feline as a gift? Yes No

REFFERNECES

Please list 2 references. One reference must not be related/reside in same household as applicant.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please continue on to the next page for veterinary information.

We hope you thoughtfully considered each of the questions asked. Adoption of a pet should not be impulsive but rather a carefully made decision which will ensure a loving and lasting relationship.

**We require at least 48 hours to review your application for adopting a feline.**